NEW ENGLAND DEACONESS HOSPITAL

1989 ANNUAL REPORT

On the cover: Stained glass image in Farr Memorial Building Lobby.

...a place where
science and kindliness
should unite in
combatting human disease.

Mary E. Lunn
Founding Deaconess, 1894

...a place where
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should unite in
combatting human disease.

Mary E. Lasker
Speaking Engagement, 1946

It was the era that gave birth to World's Fairs, when enthusiasm erupted for scientific research and its benefits; when Sigmund Freud proposed a "Program for a Scientific Psychology," as though human nature could be distilled down to a few simple Newtonian laws; when man's problems all seemed approachable from the ascending stairway of scientific understanding.

It was during this period, in 1896, that Mary E. Lunn established the Deaconess Hospital, where, she wrote, "science and kindliness should unite in combatting human disease." Science was the guiding principle of the era, but Lunn gave equal emphasis to the healing power of kindly compassion.

Today, as the Deaconess Hospital joins with the Harvard Medical School in preparing for the medicine of tomorrow through education and research, the dedication to compassionate patient care has not been forgotten. J. Richard Gaintner, M.D., who succeeded former Deaconess Hospital President Laurens MacLure in August, has reaffirmed Mary Lunn's desire to unite science and kindliness at the Deaconess Hospital, adopting it as the hospital's mission statement.

Dr. J. Richard Gaintner (left) and Colby Hewitt, Jr.

CHAIRMAN'S REMARKS

"Science and kindliness." As we turn our thoughts to the inspiring words of Founding Deaconess Mary E. Lunn and 1896, I think you will realize as you read this Annual Report just how much of her wisdom holds true today at the New England Deaconess Hospital. From all that I see as chairman, from my visits to many different programs and service areas of the Hospital, from all that I hear in discussions with community leaders and acquaintances who have sought the caring spirit of the Hospital, I take great pride in reporting that indeed Miss Lunn would be pleased to observe the attitudes and the work of the staff which has devoted itself to "science and kindliness."

The year 1989 marked a great many things: New faces in the leadership of President and Chief Executive Officer J. Richard Gaintner, M.D. and Executive Vice President Officer Albert B. Washko; Appreciation for former President Laurens MacLure and Executive Vice President Richard E. Lee; and their final year which produced more than $9 million for the NEDH Corp., indeed, a very helpful result for an institution on the verge of major redevelopment.

I urge your attention to the Deaconess Hospital activities recounted in this Report. It is a story of the Hospital staff and its care and research in some of the most demanding health problems facing the world today. Cancer treatment, diabetes care, AIDS counseling, support and research, end-stage disease that requires organ transplantation, new drug therapy and development or nursing research—each of which has found its place in an *environment* known first and foremost for its care and concern for people.

The very strong financial results are due in part to several one-time settlements in state and federal reimbursement which totalled $5.2 million, as well as the impressive results of the NEDH Corp. Annual Appeal and other fundraising efforts which yielded $1,810,000. Our thanks and acknowledgment to all contributors.

As you read this Report, you will no doubt realize the increasing potential of the Hospital due in no small part to the efforts of so many dedicated staff and volunteers. Two directors/trustees retire in January: John "Jack" Carlson and Robert J. Spiller. And, Corporators Charles W. Schmidt and Ann B. Spence were appointed. I also wish to note the passing of four corporators—The Rev. John E. Barclay, Robert L. Blair, Vessarios G. Chigas and Bishop John Wesley Lord—along with Dr. Francis J. Audin, an honorary medical staff member who chaired the Anesthesia Department from 1948-74.

As we head into the decade in which we shall mark our Centennial year, I do think we are set to accomplish even greater tasks. On behalf of the Board of Trustees, thank you all for the good work of the New England Deaconess Hospital and all its related organizations.

Regards,

Colby Hewitt, Jr.
Chairman, Board of Trustees

PRESIDENT'S MESSAGE

As economists and industry experts ponder the future of health care in this country, one thing is certain: Debate will focus on cost, quality, ethics and appropriateness of care.

As the newly appointed president and chief executive officer of the New England Deaconess Hospital, I feel particularly fortunate to have joined an outstanding group of people who share these concerns.

To appropriately influence the health system, we must look first at what matters most: the patient. Educated first as a physician, but fascinated by the complexities and dilemmas facing the health care industry, I chose to pursue management in the health arena because my original aim remains: To never forget the reason we do what we do.

I believe we must continually examine what I call the Efficacy Equation: Quality × Efficacy/Cost = Value. Traditionally, the value of medical care has been measured by looking critically at the relationship between quality and cost. I believe we also must address the efficacy quotient. In other words, if the patient does not benefit in some way, the value of a procedure or therapy—no matter how well performed—is zero.

In so many departments and programs at the Deaconess Hospital, this philosophy already has been demonstrated. Pioneering advancements in and standards for safety now employed by physicians everywhere when administering anesthesia first were developed by our Chairman of Anesthesia Dr. Ellison C. Pierce and colleagues in the American Society of Anesthesiologists Committee on Patient Safety and Risk Management. He has since become known internationally for his advocacy in this area.

Similarly, in our quest for a viable treatment or cure for AIDS, we have always remembered the patient. The staff in the Department of Medicine has established counseling programs for families and friends of AIDS patients who so desperately must find ways to cope with this disease. And, by arranging nearly all AIDS treatment on an outpatient basis, we have been able to keep patients where they are most comfortable: in their own environment. As for costs—the Deaconess Hospital's costs for AIDS care are but one-third to one-half of most U.S. hospitals because we have designed our care plans in the way we have.

Hospital-wide, a Total Quality Management Program soon will be initiated by Executive Vice President Albert B. Washko and his staff. TQM will allow the hospital to carefully examine all hospital systems, focusing on methods to improve the way we deliver patient care.

Finally, our relationship with the Harvard Medical School has helped to position the Deaconess Hospital, with pride and distinction as one of the great Boston teaching centers.

We thank everyone who has worked with us and look forward to a very bright future.

Sincerely,

J. Richard Gaintner, M.D.
President and Chief Executive Officer

Deaconess Hospital Management Group (standing—from left) William J. Robinson, Margaret A. Toomey, Ralph E. Horky, Janna L. Crittendon, Albert B. Washko, Joyce B. Tower and F. Curtis Smith. (seated—from left) Roger A. Perry, Jr., Dean L. Manheimer, John Kohring, Judith R. Miller and Dr. J. Richard Gaintner. Absent: David F. Lilley.

Deaconess Hospital Department Chairmen (standing—from left) Drs. Ellison C. Pierce, Glenn D. Steele, J. Richard Gaintner and Harvey Goldman. (seated—from left) Drs. Robert C. Moellering, Jr. and Melvin E. Clouse.

...the battle against human suffering must be fought at all levels, with the mind and the heart.

Deaconess Hospital researchers have answered Mary Lunn's call to combat suffering through scientific advancement. The hospital is ranked 16th among all independent American hospitals in receipt of awards from the National Institutes of Health. Many departments continue to recruit new medical staff with strong clinical and research records.

In the meantime, the commitment to caring has kept pace, indeed, intensified:

- *A new Center for Nursing Research* has generated an unprecedented number of inquiries into how to deliver high quality nursing care.
- Nurses and hospital volunteers on the *Surgical Liaison Service* provide patients and their families with reassurance and information about complex tests and procedures.
- *A new counseling program* reunites families sundered by the difficult social stigma of infection with the AIDS virus.
- Specialists from the *Mind/Body Medical Institute* and the Section on Behavioral Medicine, directed by Herbert Benson, M.D., instruct the chronically ill in how to alleviate their suffering with the Relaxation Response, a beneficial physiological phenomenon that also occurs during meditation or prayer.
- As measured by almost uniformly positive *patient satisfaction surveys,* patients are grateful for having sought the Deaconess Hospital's help for serious health problems.

Redevelopment Planned

To help augment biomedical research and patient care at the Deaconess Hospital, Dr. Gaintner has enlisted the help of Chief Operating Officer Albert B. Washko and Vice President for Planning and Marketing Ralph E. Horky. After a year in which total corporate revenues exceeded expenses by almost $10 million, they have pronounced the Deaconess Hospital ready to take on the burdens of physical redevelopment.

A new, $150 million center for treatment and research stands at the core of the Deaconess Hospital's plans. The Hospital has matured in its current space, and now demands additional facilities to drive clinical and research programs forward. Such an initiative also will permit cooperation with an ever-widening group of referrals from community hospitals, health maintenance organizations and other physicians and practice groups.

Long-time volunteer Eli Grad and cancer patient Paul McCarthy.

This redevelopment will take the Deaconess Hospital's physical plant into the 1990s and beyond the Year 2000. The juxtaposition of research and clinical facilities will encourage the "laboratory-bench-to-bedside" work for which the hospital has become known.

The benefits of this type of research can be seen in the Radiology Department, where Chairman Melvin E. Clouse, M.D., is principal investigator in a study of the lithotripter—a machine that directs shock waves through the body to destroy calcifications, or "stones." This machine already has helped thousands of patients with kidney stones to shorten their hospital stays and avoid surgery. Dr. Clouse and his colleagues hope the lithotripter may do the same for up to 20 percent of the 600,000 patients who undergo surgery for gallstones each year.

"If the patient does not benefit in some way, the value of a procedure is zero, no matter how well the procedure is performed," says Dr. J. Richard Gaintner.

GUIDES FOR MEDICINE Under the direction of Chairman Robert C. Moellering, Jr., M.D., the Department of Medicine has attracted staff who combine the three characteristics of the true physician: one who is first and foremost a good doctor; is capable of teaching others; and contributes to medical knowledge through research.

The Department abounds with the enthusiasm of young recruits, and progresses under the influence of established physician/scientists:

- *Bruce R. Bistrian, M.D.,* chief of the Section on Nutrition, recently was appointed president of the Society of Parenteral and Enteral Nutrition, and has received a grant from the National Institutes of Health to investigate the feeding of AIDS patients.
- *Dr. Moellering,* who conducts research in how bacteria counteract the effects of drugs, recently was named president-elect of the Infectious Diseases Society of America.
- Second-year Harvard Medical School students gave their highest evaluations to the physical diagnosis course taught by *Ronald C. Silvestri, M.D.,* and continue to laud the medical student training program directed by Lee S. Simon, M.D.
- In 1989, *Department of Medicine* research grants totalled $9 million, over half the Hospital's research budget.

Drs. Philip Costello (left) and Melvin E. Clouse in the Lithotripsy Room.

SIEMENS

In 1989, Department of Medicine research dollars totalled $9 million—more than half the entire Hospital research budget.

Drs. James E. Muller (left) and Geoffrey Tofler display a current hypothesis by which heart attacks may occur.

James E. Muller, M.D., recruited this year to head the Section on Cardiology, also exemplifies the special combination of scientific and humanitarian leadership. Dr. Muller has earned a world-wide reputation not only for his studies of the physiological factors affecting heart disease, but also for drawing up a cooperative agreement between American and Soviet physicians that led to formation of the International Physicians for the Prevention of Nuclear War.

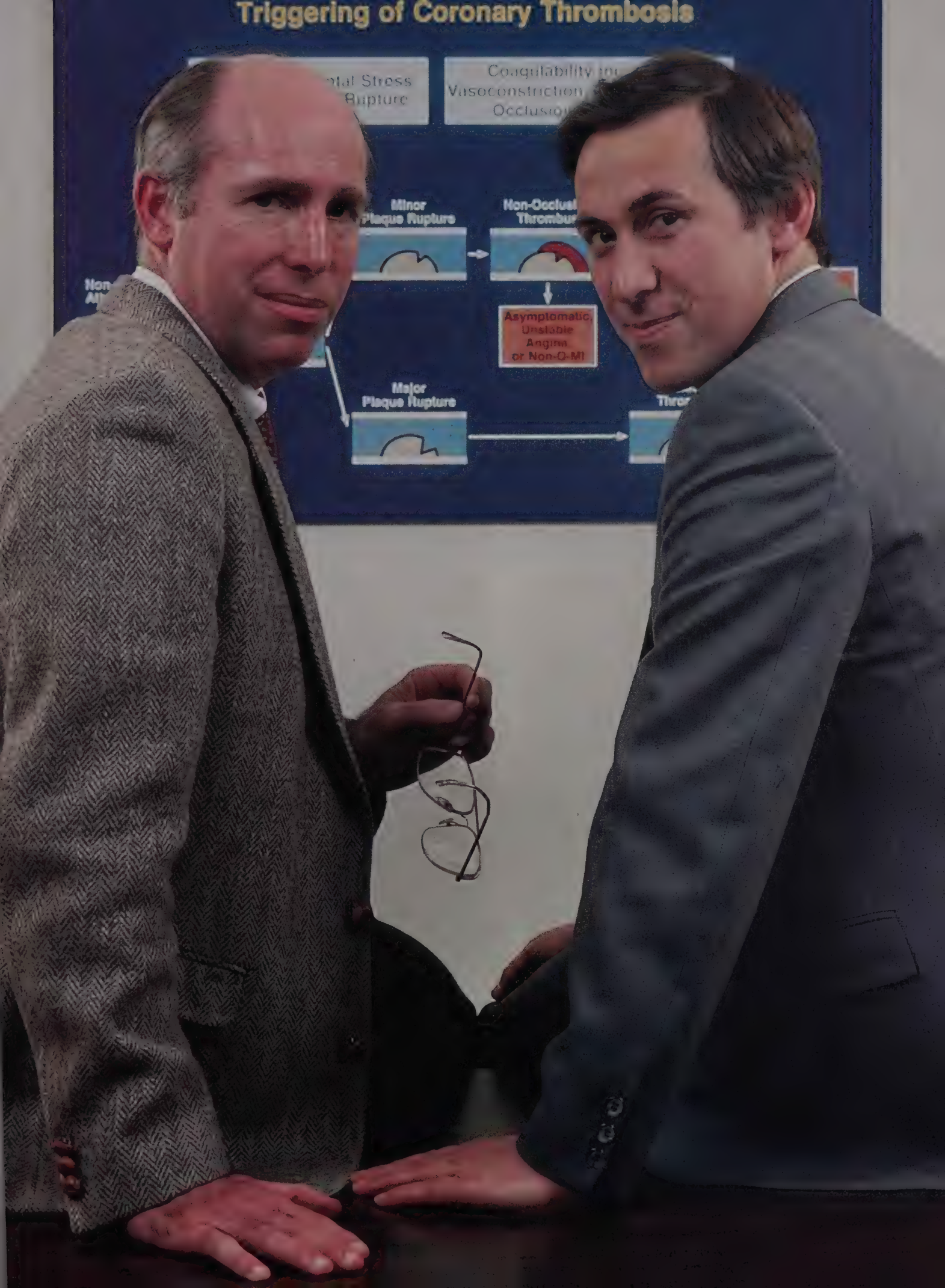
East and West recognized Dr. Muller's vision when he and five colleagues accepted the 1985 Nobel Peace Prize on behalf of the IPPNW. That organization's success in preventing nuclear war—a health threat with limitless implications—further demonstrates that the battle against human suffering must be fought at all levels, with the mind and the heart.

Science, heralded at the hospital's foundation, will continue to illuminate disease and methods of cure. By guarding the traditions of kindliness and compassion, the Deaconess Hospital's staff ensures that the fruits of research be applied in an accountable fashion. These indelible traditions maintain the Deaconess Hospital's reputation as a place where bedside technology is up-to-the-minute, but bedside manner is nearly one century strong.

THE DISTINCTIVE DEACONESS HOSPITAL

At his first Annual Medical Staff Meeting in October, Dr. Gaintner observed that the Deaconess Hospital's "history and physical examination" showed it to be healthy and growing. Without an Emergency Room, without Obstetrics or Pediatrics, the Hospital appears to lack some of the typical ingredients found in most hospitals. But in the words of Department of Surgery Chairman Glenn D. Steele Jr., M.D., Ph.D., it is the "unique anatomy" of the Deaconess that has brought the Hospital through adverse times and ensures growth in the future.

Specialization allows the Department of Surgery to thrive. Despite the departure of the last Lahey Clinic surgeons this year, Deaconess Surgery ambulatory and inpatient volume has risen 16 percent. This increase has been


Triggering of Coronary Thrombosis
Minor
Plaque Rupture
Asymptomatic
Unstable
Angina
or Non-Q-MI
Major
Plaque Rupture

fueled in part by the establishment of the Same-day Surgery Unit in January 1989. Cardiothoracic Surgery, now under the direction of Sidney Levitsky, M.D., who was recruited from the University of Illinois College of Medicine, continues to grow. Thirty-three full-time surgeons have been recruited to the Department of Surgery since 1985.

Active funding for surgical research programs at the Hospital for the year totalled $5.9 million by April 1989. Through such investigations, Deaconess Hospital surgeons have improved many techniques in cancer, diabetic vascular and foot problems, cardiothoracic surgery, complex multiple organ problems and transplantation. One result is that physically and psychologically debilitating colorectal surgery now is less severe and needed less often.

In a research effort outside the customary surgical purview, Blake Cady, M.D., and Dr. Steele are investigating new methods of detecting cancer earlier. They discussed advances in using biological markers to detect colorectal and breast cancer at the 1989 Annual Meeting of the American Cancer Society. With such work, researchers in the Division of Surgical Oncology frequently identify cancers before they progress.

Harvey Goldman, M.D., who joined the Deaconess Hospital as chairman of the Department of Pathology in January 1989, also has been active in this effort to understand and control colorectal cancer. Internationally known for studies of colitis and its complications, Dr. Goldman also is renowned for his role as faculty dean for medical education at Harvard Medical School.

There, he has helped implement a revolutionary program designed to help medical students learn to apply the vast accumulation of modern technology and knowledge to patients' problems more quickly and fully. The program, called the New Pathway, recently has produced its first graduates, and has been emulated throughout the U.S.

The Deaconess Surgery Associates' ambulatory and inpatient volume has risen 16 percent this year.

Dr. Geoffrey Habershaw (left) and Laura Mackil compare an X-ray and skeletal likeness of the foot.

Deaconess
Hospital

The Efficacy Equation

The highest value in medical care always will be patient welfare, but approaches to achieving that are changing. Deaconess Hospital staff and administrators are looking critically at the health care value equation, which has been traditionally defined as:

Quality/Cost = Value

Health policy experts at the Los Angeles-based Rand Corporation and elsewhere have introduced a new variable into this equation. *Efficacy*, or: Does the patient benefit from a given surgery, test, or life-extending measure?

In the 1990s, the Deaconess Hospital will factor *efficacy* into the determination of value:

Quality x Efficacy/Cost = Value

"If the patient does not benefit in some way, the value of a procedure is *zero*, no matter how well the procedure is performed," according to Deaconess Hospital President J. Richard Gaintner, M.D. "We need to strive for greater efficacy in patient care."

Already, some Deaconess Hospital departments have begun to improve care with more appropriate use of resources. Staff-initiated adjustments—which route patients through screening and preoperative procedures—have helped shorten the average length of hospital stay.

Statistics show that sicker patients are turning to the Deaconess Hospital in greater frequency, yet the staff has found ways to manage. In many institutions, AIDS patient care has become a crippling financial burden. The Deaconess Hospital has controlled these costs with accurate diagnostics, thorough outpatient care in cooperation with the Deaconess Home Health Care Corporation, and judicious use of life-extending measures.

Medicare referrals from other hospitals have hit the Deaconess Hospital's finances particularly hard, due to stringent federal reimbursement practices. Chief Financial Officer William J. Robinson has worked with legislators and staffers in Washington, D.C. to refine these practices, so that the Deaconess Hospital can continue to make itself available to all who need the Hospital's care and expertise.

To further address the efficacy issue, a Total Quality Management Program will be implemented under the direction of Chief Operating Officer Albert B. Washko. Total Quality Management groups invite all levels of staff to take part in devising and implementing policies and procedures.

The program will facilitate the coordination of Hospital programs, knitting them together to best meet the patient's needs. Efficient, effective patient care will carry the Deaconess Hospital tradition into the 1990s and beyond. •

Dr. Frank LoGerfo (second from left) discusses Mrs. Joan Carroll's vascular problems, which were corrected through surgery that prevented the need for amputation, with Jane Frasca, R.N. and Dr. Yvedt Matory (right).

The Joslin Link

Since the founding of his practice on Bay State Road in 1898, Elliot P. Joslin, M.D., and his successors at the Joslin Diabetes Center have entrusted their sickest, most complicated patients to the Deaconess Hospital. As early as 1915, space for 25 diabetic patients was reserved at Brodbeck Cottage, which then adjoined the hospital. It was in this cottage that Dr. Joslin first administered insulin in New England in 1922.

Today, the Joslin Center and the Deaconess Hospital are neighbors, and the partnership between them takes myriad forms. The Joslin link has permitted the Deaconess Hospital staff to concentrate on the unique problems of the diabetic patient population. Each day, on almost any unit, nurses instruct patients, urge them to walk when possible, give injections of insulin—anything to help stabilize the many "brittle" diabetics in need of specialized care.

Educating diabetic patients and their families is a priority; from years of experience, the Deaconess and Joslin staffs teach diabetics how to independently monitor and care for themselves. Tending to these patients' rigorous requirements for support exemplifies Mary Lunn's credo of "science and kindliness."

Meanwhile, efforts on the scientific side of the Deaconess Hospital's mission have engendered significant treatment advances:

- The Division of Vascular Surgery has developed intricate methods of repairing diseased blood vessels, thereby saving feet and limbs normally amputated in some institutions.
- Laser photocoagulation surgery to stop or slow vision loss caused by diabetic vascular disease was pioneered by Lloyd Aiello, M.D., chief of the Division of Ophthalmology and a Joslin physician.
- Working in collaboration, researchers from the Sections on Nephrology and Cardiology have published a six-year study of heart-rate monitoring for dialysis patients, many of whom have diabetes.
- The Infectious Diseases Section, led by A.W. Karchmer, M.D., is investigating methods to alleviate other problems specific to diabetics, such as chronic bone infection of the legs and feet. Dr. Karchmer also is studying pre-operative antibiotic therapy to prevent common infections in diabetics undergoing surgery.
- The Division of Surgical Nutrition excels in nourishing diabetics, who typify the Deaconess' patient population: older, sicker and more medically complex than those at most other hospitals.

Where a diagnosis of diabetes once meant certain death, it now leads to a new way of life. The Deaconess Hospital has joined the Joslin Center in becoming an advocate for the diabetic and providing care that benefits these patients in all facets of disease.

FRIENDS FOR LIFE Just as the world hailed Charles Best and Frederick Banting's 1921 discovery of insulin as the cure for diabetes, transplantation now is considered the best remedy to many serious ailments. Both these advances have meant new life for many patients, but that often implies life-long dependence on sophisticated medical treatment.

Many transplant patients return to the Deaconess Hospital several times a year for monitoring and care. After frequent visits, these patients become "friends for life," according to Anthony P. Monaco, M.D., chief of the Division of Organ Transplantation. One patient recently invited Dr. Monaco to attend the wedding of his 19-year-old daughter—born the year he received his transplanted kidney.

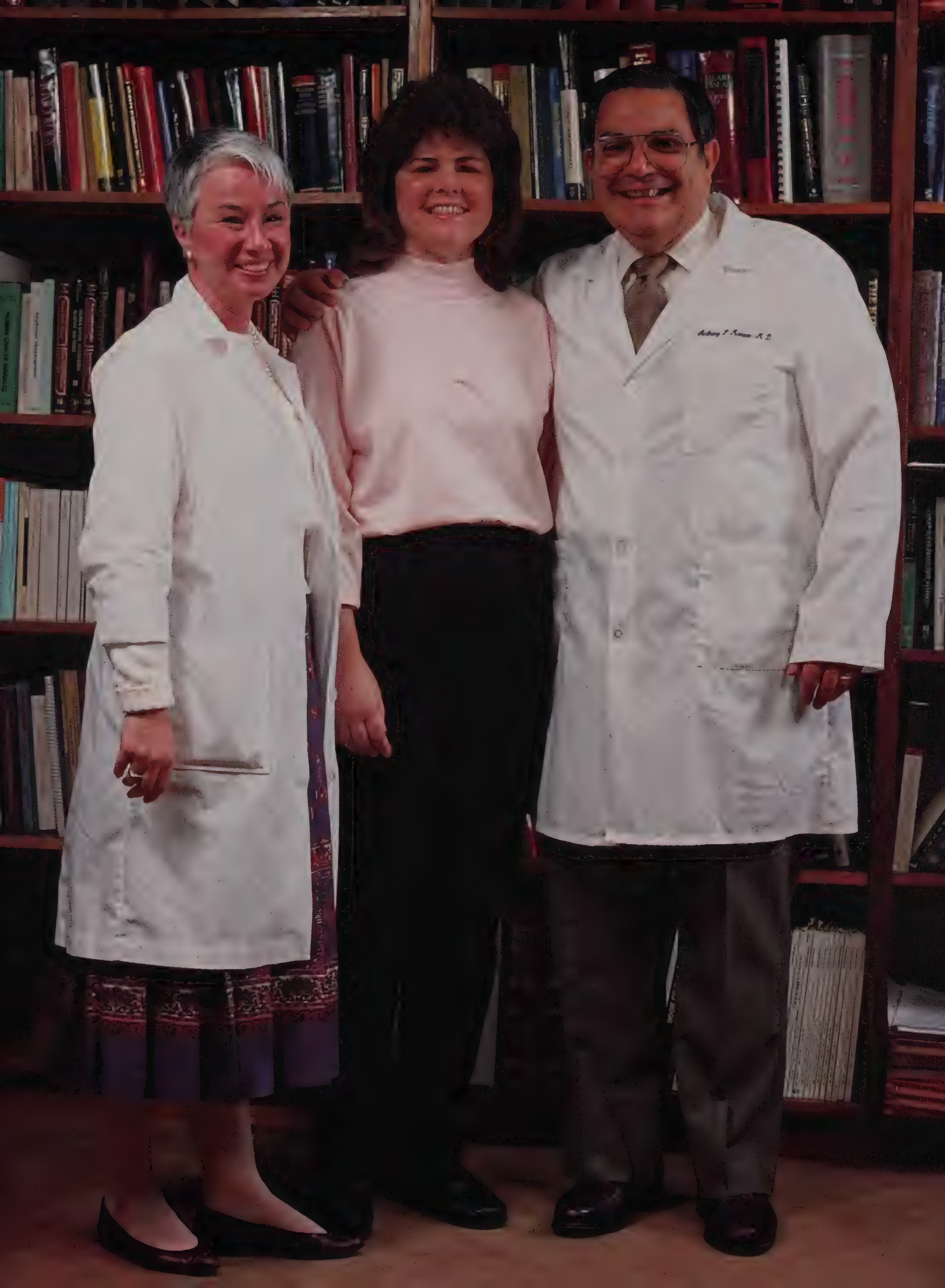
Physicians and nurses learn from their constant contact with transplant patients, and consequently, care for such patients improves with every passing year. Eighty percent of kidney grafts transplanted at the Deaconess Hospital continue to function at least one year after surgery. Other transplant programs in liver and pancreas have similar high success rates.

The recent reorganization of the New England Organ Bank could help double the volume of kidney transplants performed at the Deaconess Hospital in the 1990s. In addition, the Deaconess now can or will soon be able to offer a number of transplantation services representing the most recent advances in the field:

- whole-organ pancreas transplantation;
- a clinical trial of small bowel transplantation to begin in 1990; and
- clinical trials of the transplantation of islet cells—the pancreatic structures that produce insulin.

Transplantation services representing the latest advances in the field now are or soon will be offered by the Deaconess Hospital.

Mrs. Shirlee Dallas (center), dual transplant recipient of kidney and pancreas, Patricia Conway, R.N., and Dr. Anthony Monaco.



William L. Chick, M.D., of BioHybrid Technologies, Inc., is working with Deaconess Hospital researchers to perfect a system for transplanting islet cells inside inert plastic devices that prevent the immune system from rejecting grafts. This system may permit the transplantation of animal islet cells, thus greatly widening the procedure's availability. Dr. Chick is a kidney transplant recipient, and a life-long friend of the Deaconess Hospital.

The Care of the AIDS Patient

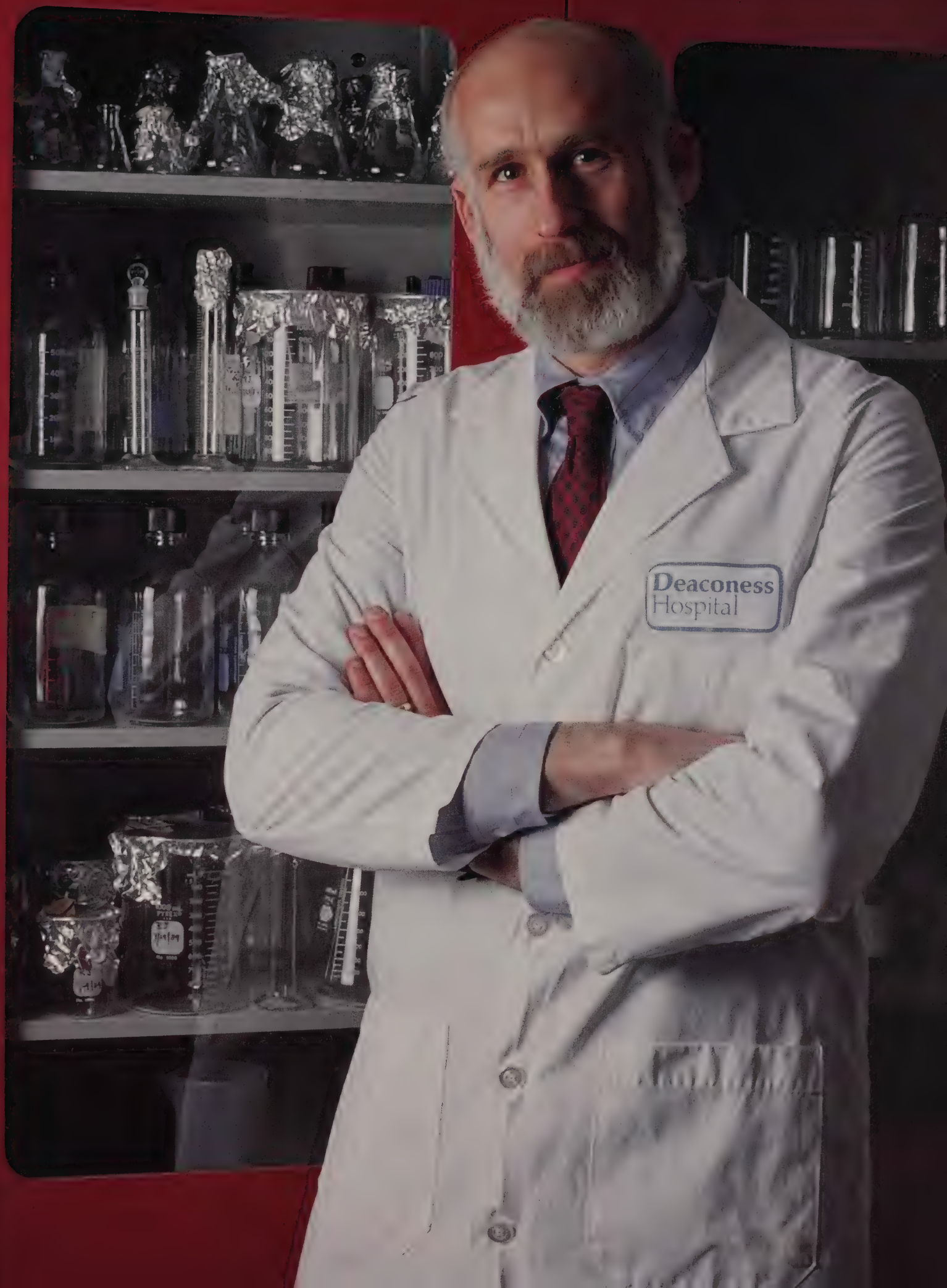
In his 1925 treatise, revered Harvard Medical School researcher and clinician Francis W. Peabody wrote, "The secret of the care of the patient is in caring for the patient," not just for the patient's disease. Peabody's axiom finds expression every day in the care of Deaconess Hospital AIDS patients and in the Harris Hall Medicine Clinic, where compassion sometimes is the only weapon available to fight this terrible disease.

Dr. Jerome E. Groopman has helped develop the first family counseling center for AIDS patients at the Deaconess Hospital, with the cooperation of the Kantor Family Center in Cambridge.

Deaconess Hospital physicians have built a culture emphasizing competent, personal understanding and care for AIDS patients. Over 1,000 sufferers—who annually make 6,000 visits to the Harris Hall Medicine Clinic—are seen by senior attending physicians led by J. Davis Allan, M.D., who recognize the need to balance medical treatment with emotional understanding. Meanwhile, scientific insights have sparked the formation of a Deaconess Hospital-based research effort to study cells that normally protect the lungs: alveolar macrophages. HIV—the human immunodeficiency virus which causes AIDS—tears down defenses throughout the body, but the lungs are particularly vulnerable to the virus' effects. In fact, the leading cause of death in AIDS patients is an otherwise rare lung infection called *Pneumocystis Carinii* pneumonia.

The National Heart, Lung, and Blood Institute has granted $7 million for a multi-center study of alveolar macrophages, led by principal investigator Richard M. Rose, M.D., director of the Section of Pulmonary and Critical Care Medicine in the Department of Medicine. The study includes collaborations

Dr. Jerome E. Groopman.


Deaconess
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with researchers throughout the system of Harvard Medical School-affiliated institutions, as well as those at other research centers. Together, they will examine the interaction between HIV and macrophages that results in the destruction of the lungs.

As part of Boston's AIDS Clinical Trials Group, the Deaconess Hospital gives patients access to a variety of new anti-viral drugs, including dideoxyinosine. DDI carries particular promise because its side effects do not exacerbate the bone-marrow suppression and resulting anemia caused by the leading drug used to treat AIDS, azidothymidine (AZT).

J. Davis Allan, M.D., is testing more long-lasting preparations of a drug that lures HIV away from healthy cells. By mimicking a protein that HIV normally uses to enter immune cells, this drug—called rsCD4—decreases the spread of infection from cell to cell.

Jerome E. Groopman, M.D., chief of the Division of Hematology/Oncology, hopes that rsCD4 and DDI eventually will become part of a combination of AIDS drugs. Researchers look for combination drug therapy to counter the growing problem of AIDS drug resistance in the same way that combination therapy prevents the evolution of drug-resistant tumor cells in cancer treatment.

Naturally occurring hormones—called biologic drugs—eventually will provide more adjuncts and alternatives to AZT. James D. Levine, M.D., is

The National Heart, Lung and Blood Institute has granted $7 million for a multi-center study led by Dr. Richard M. Rose on how AIDS invades the lung.

studying how two biologic drugs can counteract both harmful AIDS symptoms and AZT side effects: granulocyte macrophage-colony stimulating factor (GM-CSF), a promoter of immune cell growth, helps restore the patient's natural protection against infection; and erythropoietin counteracts AZT-related anemia by stimulating red blood cell formation.

Knowledge gained from treating AIDS patients at the Deaconess Hospital is a springboard for testing biologic drugs against a number of other diseases:

- Erythropoietin is being used experimentally to combat the anemia that accompanies acute kidney disease and cancer.
- GM-CSF's power to induce normal white blood cell maturation is undergoing testing against myelodysplasia, a condition that often precedes leukemia.
- Combination of the biologic drugs interferon and interleukin-2 reduces harmful side effects, while maintaining the same anti-cancerous effect obtained when these drugs are used individually.

Until the results of AIDS research address this disease more effectively, the most powerful methods of healing are emotional. Accordingly, Dr. Groopman has helped develop a Family Counseling Center for AIDS patients at the Deaconess Hospital, with the cooperation of the Kantor Family Center in Cambridge, Mass. The Center will help reunite patients with estranged families who may have difficulty coping with the decline and death of children or siblings.

Drs. Daniel C. Tosteson and J. Richard Gaintner.

The Harvard Medical School Affiliation

In 1977, Harvard Medical School Dean Daniel C. Tosteson, M.D., and former Deaconess Hospital President Laurens MacLure laid the foundation for the two institutions to form a closer alliance for education and research.

Today, the Departments of Medicine, Surgery, Pathology and Radiology have full academic status within the Harvard Medical School. While the Deaconess Hospital has emerged as a strong partner in education and research, its tradition of caring has given it a special role among the Harvard Medical School affiliates.

"Learning to cope with the reality of human suffering while having more tools to treat it is one of the great challenges of modern medicine," comments Dean Tosteson.

"Although this affects all our institutions, the Deaconess Hospital is especially in a position to be alert to this ancient obligation of the profession: caring for, as well as preventing, diagnosing and treating diseases."

Having inherited this place in the Harvard family, Deaconess Hospital President J. Richard Gaintner, M.D., wants to nurture the Hospital's time-honored reputation for technical excellence and compassionate care.

"To face the problems posed by modern medicine, we need outstanding physician/scientists who are warm, caring, and humane," Dr. Gaintner says. "As our cooperation with the Medical School has grown, Deaconess Hospital physicians have demonstrated that these ideals can be achieved." •

The Art of Nursing

Before the Deaconess Hospital came into being, there was "the lady with the lamp," Florence Nightingale. An inspiration to nurses throughout the world, she brought the profession into the modern era with scientific methods of training and treatment. Yet she viewed nursing at its best to be an exercise of the spirit.

"Nursing is an art," she wrote before her death in 1897, "and if it is to be made an art, it requires as exclusive a devotion, as hard preparation, as a painter's or sculptor's work; for what is having to do with the dead canvas or cold marble compared with having to do with the living body."

The art of caring is on display year-round on the Deaconess Hospital patient units. Cyndi Casey, R.N., gives a virtuoso performance each day in the Step-down Unit on the eighth floor of Baker Building.

Ironically, her first look at the Deaconess Hospital was as a patient. She was impressed with the care she received when she underwent abdominal surgery in 1986, and came to work soon after her recovery.

Today, she sees many of the sickest patients in the Hospital, and takes every opportunity to protect the fragile health of each one. While operating any number of advanced monitoring and feeding devices, she encourages patients to do as much as possible for themselves. When a patient cannot swallow, for instance, she patiently reminds him to do tongue exercises. Another suffers from circulatory problems, and Casey's cheerful manner convinces him to take a brief walk around his bed.

Casey's intricate knowledge of diabetes and cancer care regimens comes from years of observation. Her formal training will continue when she fulfills her plan to study for a master's degree in nursing science.

But her apprenticeship in the art of nursing can be traced back years before she came to the Deaconess Hospital, perhaps even to the influence of her mother, sister and cousins, each a nurse. Learning the art of nursing—that Florence Nightingale so prized—will continue for the rest of her life. •

Farr 10 Staff Nurses Marianne Regan, R.N. (left), Karen Morriss, PCT, and Beverly Griffin, R.N., piloted a new professional practice model for nursing.

Standing With Pride

Although the Deaconess Hospital School of Nursing closed after the 1989 class graduated, the pursuit of better nursing care through academics has burgeoned with the establishment of the Center for Nursing Research. Director Janice Bell Meisenhelder, R.N., D.N.Sc., conducts her own inquiries while offering support and consultation for nurses to develop a variety of clinically significant projects, including:

- a study of self-reported symptom frequency and distress in liver transplant patients;
- *Comfort in Caring*, a book on nursing care for AIDS patients; and
- a presentation at the American Public Health Association Conference on high technology in home health care.

By virtue of its reputation as a superior environment for care, education, and research, the Deaconess Hospital has avoided many of the recruitment problems encountered by other hospitals in New England, according to Senior Vice President for Nursing Judith R. Miller, R.N. Over two-thirds of the nursing staff has been at the hospital for five years or more, and more than half have 10 or more years' service at the Deaconess Hospital. The Hospital's most significant advantage may be the unity and commitment of its "family" of professional staff.

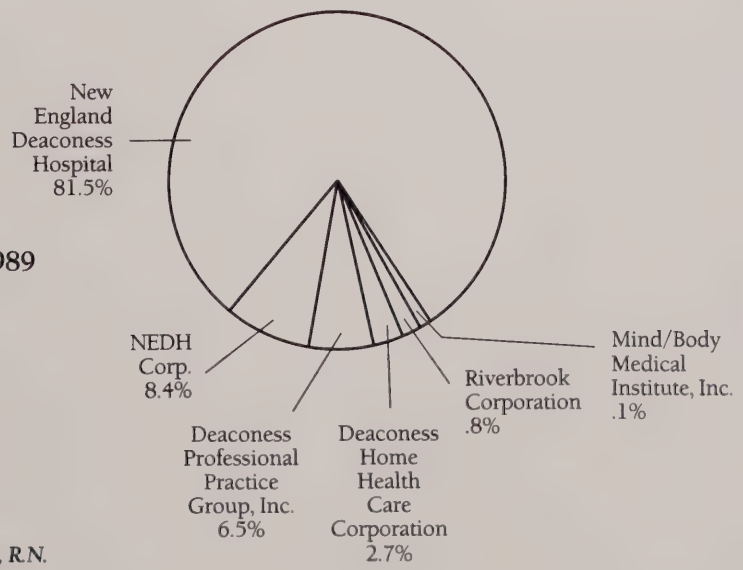
Deaconess Hospital physicians, nurses and other healthcare staff, and administrators have formed an alliance to focus on "the care of the patient." In the face of challenges, the hospital staff repeatedly has come together and solved problems, without sacrificing the patient's interests.

"I stand with pride among those who care," Dr. Meisenhelder wrote in a poem dedicated to AIDS patients. With these words, she links today's Deaconess Hospital with Mary Lunn and Drs. Francis Peabody and Elliot Joslin, scholars of patient care who have set the standard for almost a century.

NEDH Corp. and Subsidiaries Consolidated Balance Sheets

September 24, 1989 and September 25, 1988

ASSETS	$000	
Unrestricted funds	**FY 1989**	**FY 1988**
Current assets	$ 87,116	$ 73,674
Trustee designated assets	35,061	14,332
Property, plant, & equipment (net)	63,616	56,550
Total	$185,793	$144,556
Restricted funds		
Special purpose funds	$ 20,596	$ 18,322
Endowment funds	14,195	13,438
Plant replacement & expansion funds	1,960	903
Total	$ 36,751	$ 32,663
Total assets	*$222,544*	*$177,219*
LIABILITIES		
Unrestricted funds		
Current liabilities	$ 71,306	$ 68,126
Noncurrent liabilities	22,860	18,996
Long-term debt	44,237	19,636
Fund balances	47,390	37,798
Total	$185,793	$144,556
Restricted funds		
Liabilities and fund balances	$ 36,751	$ 32,663
Total liabilities and fund balances	*$222,544*	*$177,219*


New England Deaconess Hospital 81.5%
NEDH Corp. 8.4%
Deaconess Professional Practice Group, Inc. 6.5%
Deaconess Home Health Care Corporation 2.7%
Riverbrook Corporation .8%
Mind/Body Medical Institute, Inc. .1%

Composition of Assets 1989

Eighty-year-old Chemotherapy Patient Norma Finestone (left) and Linda Yanes, R.N.

NEDH Corp. and Subsidiaries Consolidated Statement of Revenues and Expenses

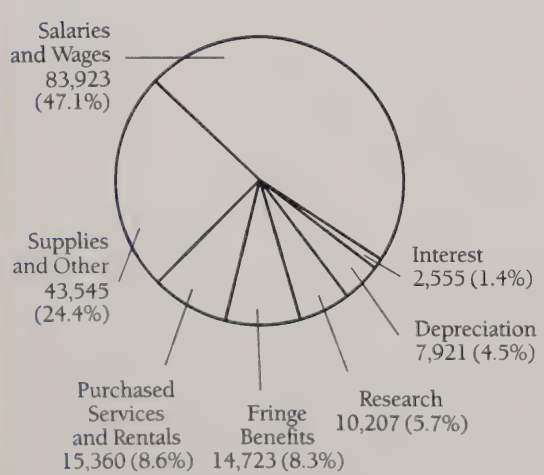
$000

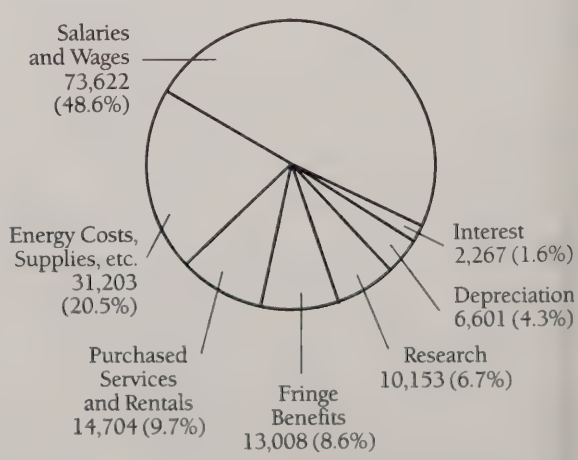
	September 24, 1989 FY 1989		
	New England Deaconess Hospital	Total Other Corp.*	Total NEDH Corp. & Subsidiaries
Patient Service Revenue	$196,368	$31,818	$228,186
Deductions From Revenue	58,678	9,825	68,503
Net Patient Service Revenue	137,690	21,993	159,683
Other Operating Revenue	19,528	3,351	22,879
Operating Revenue	157,218	25,344	182,562
Operating Expenses	157,758	20,476	178,234
Income (loss) From Operations	(540)	4,868	4,328
Nonoperating revenue	2,665	2,576	5,241
Excess (deficiency) Revenues over Expenses	$ 2,125	$ 7,444	$ 9,569

	September 25, 1988 FY 1988		
	New England Deaconess Hospital	Total Other Corp.*	Total NEDH Corp. & Subsidiaries
Patient Service Revenue	$172,526	$25,206	$197,732
Deductions From Revenue	48,704	6,755	55,459
Net Patient Service Revenue	123,822	18,451	142,273
Other Operating Revenue	15,040	2,159	17,199
Operating Revenue	138,862	20,610	159,472
Operating Expenses	141,960	16,486	158,446
Income (loss) from Operations	(3,098)	4,124	1,026
Nonoperating Revenue	1,939	1,073	3,012
Excess (deficiency) Revenues over Expenses	$ (1,159)	$ 5,197	$ 4,038

Includes Deaconess Professional Practice Group, Inc., Deaconess Home Health Care Corporation, NEDH Corp., Mind/Body Medical Institute, Inc., Deaconess Surgicenter Corporation and Riverbrook Corporation.

Distribution of 1989 Operating Expenses


Salaries and Wages 83,923 (47.1%)
Supplies and Other 43,545 (24.4%)
Interest 2,555 (1.4%)
Depreciation 7,921 (4.5%)
Purchased Services and Rentals 15,360 (8.6%)
Fringe Benefits 14,723 (8.3%)
Research 10,207 (5.7%)


Salaries and Wages 73,622 (48.6%)
Energy Costs, Supplies, etc. 31,203 (20.5%)
Interest 2,267 (1.6%)
Depreciation 6,601 (4.3%)
Purchased Services and Rentals 14,704 (9.7%)
Fringe Benefits 13,008 (8.6%)
Research 10,153 (6.7%)

NEDH Corp. and Subsidiaries Financial Highlights

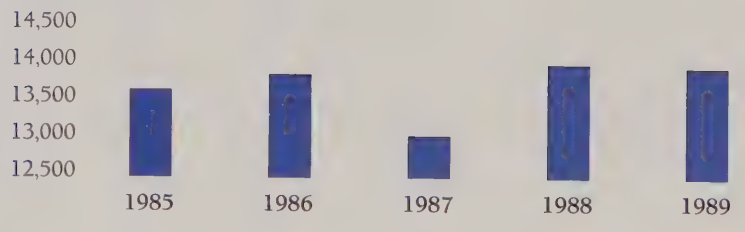
	$000				
	1989	1988	1987	1986	1985
Total Revenues	$187,803	$162,484	$130,986	$139,290	$121,845
Operating expenses	$178,234	$158,446	$154,404	$133,103	$120,668
Excess (deficiency) of revenues over expenses	$ 9,569	$ 4,038	($ 23,418)	$ 6,187	$ 1,177
Accounts receivable—net	$ 60,072	$ 44,483	$ 39,916	$ 30,736	$ 22,333
Property, plant, & equipment (net)	$ 63,616	$ 56,550	$ 54,643	$ 51,566	$ 44,071
Long-term debt	$ 44,237	$ 19,636	$ 21,936	$ 22,746	$ 15,121
Total unrestricted assets	$185,793	$144,556	$135,934	$113,185	$ 88,977

Operating Statistics Fiscal Year 1989

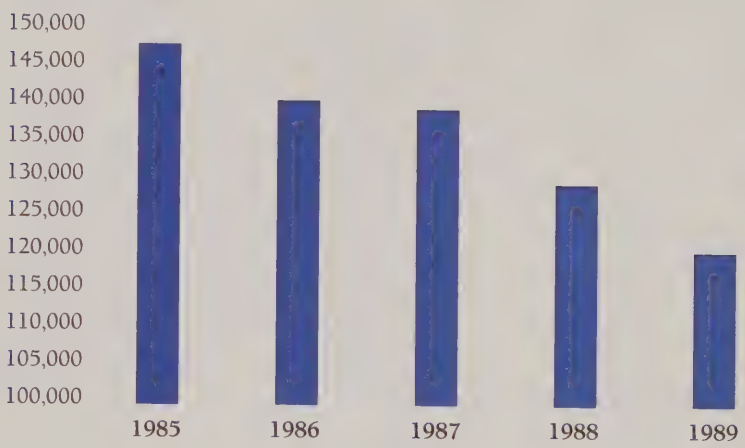
	FY 1989	FY 1988
Occupancy	69.6%	73.0%
Admissions	14,032	14,037
Patient Days	121,056	129,924
Average Daily Census	332.5	356.9
Average Stay (days)	8.8	9.5
Surgical Procedures	8,265	7,579
Surgical Minutes	1,589,411	1,555,607
Radiological Procedures	90,278	83,305
Radiation Treatments	16,811	18,581
Laboratory Units	48,132,529	44,910,686
Outpatient Visits	92,258	75,335

Statistical Comparisons 1985–89

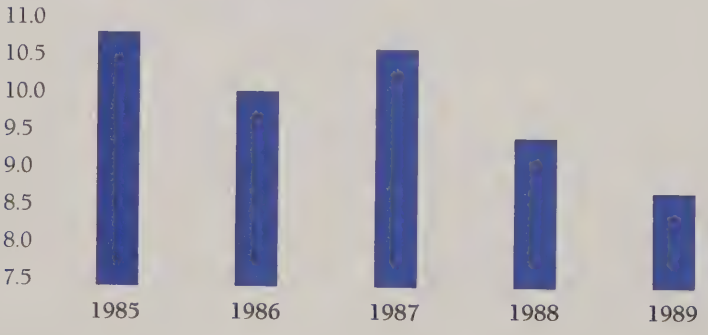
Admissions



Patient Days



Average Length of Stay (Days)



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John D. Young
Wilbur C. Ziegler
Rya W. Zobel

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***deceased*

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Glenn D. Steele Jr., M.D.
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Joanne Wade

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